	VEL E	EXPENSE CLAIM 9/2007)					s and *Pri Reverse S				Page	of	Pag	ges
	ANT'S NA						SSN or EMPI	OYEE NUME	BER*			RTMENT	1 45	100
		Tharratt, MD, MPVM									Exec	utive Div		
POSITI			9	CB/ID	No.		DIVISION or		-1 C	iosa Autho			INDEX NU	MBER
Dire	ctor ENCE AD	ORESS *					HEADQUAR			vices Autho	rity		TELEPHO	NE NUMBER
		5/1200					1930 9th							
CITY			STAT				CITY					STATE		CODE
El D	orado	Hills	CA	956	72		Sacramer	ito				CA	95811	
1) NOR	MAL WO	RK HOURS				(2	2) PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MIL 0.55	EAGE RATE	CLAIMED	
4) MON	TH/YEAR		(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	1		(11)	(12)
	/2009	LOCATION	(.,	(0)	WILALO	O.T., L/T,		(A)	(B)	(C)		(D)	- '''	TOTAL
5)		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELC	O. INCIDEN- TALS		TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS EXPENSE	EXPENSES FOR DAY
DATE			LODOING	17.01	2011011	DINNER			PC	PARKING	MILES	AMOUNT		
5/6	0600	Sacramento to San Diego							pc	9.00	12.00	6.60		15.60
5/6	14:15	Return to Sacramento							PC		12.00	6.60		6.60
							,	329.20	A			0.00		329.20
												0.00		0.00
						1	Ye.					0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
1 1 2 2	:-											0.00		0.00
										1		0.00		0.00
												0.00		0.00
13)	;	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	329.20		9.00	24.00	13.20	0.00	351.40
СО	LUMN	CODE (ACCTG. USE ONLY	)			•								
		CLAIM TOTAL												\$351.40
14) PU	RPOSE C	OF TRIP, REMARKS AND DETAILS (A	Attach receipts/vo	ouchers when	required)						AG	ENCY ACC	COUNTING	OFFICE
To ac	compa	any Governor Arnold Sch . Last minute schedule cl	warzenegg	er in San	Diego a	t the Wi	ldfire Aw	areness	Week	Press	DAID B		E ONLY  G FUND CHE	CK NI IMBE
		edit card.	nanges nece	essitated	DI. Illai	ratt purc	masing in	S HOROL C	ising n	.10	FAIDB	1 KEVOLVIIV	G T OND CITE	OK NOMBE
											. ( )			

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	NNEL ADMINI	STRATION			s and *Pr Reverse				Page	of	Pa	ges
CLAIM	ANT'S NA	ME					SSN or EMP	LOYEE NUM	BER*			RTMENT		363
R. S	teven '	Tharratt, MD, MPVM									Exec	utive Div	ision	
POSITI				CB/ID	No.		DIVISION or						INDEX NU	JMBER
Dire		DRESS *					Emergen HEADQUAR	-		vices Autho	rity		TEL EDUO	NE NUMBER
N.LO.D.		DILLOG					1930 9th		E00				TELEPHO	NE NOMBEK
CITY			STAT				CITY					STATE	ZIP (	CODE
	orado		CA	956	572		Sacramer	nto				CA	9581	1
(1) NOF	MAL WO	RK HOURS				(	2) PRIVATE V	EHICLE LICI	ENSE NU	MBER	(3) MII 0.55	EAGE RATE	CLAIMED	
(4) MON	TH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA			(11)	(12)
MAY	2009	LOCATION WHERE EXPENSES			1	0.T., L/T,		(A)	(B) (C)		T	(D)	-	TOTAL
(5)	l ====	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELC	TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,		TÉ CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY
	0600	TTI TO J. TVIII. 4. T A 1				DINNER	1			PARKING	MILES	AMOUNT		
5/7	1345	El Dorado Hills to Los Angeles							PC	9.00	42.00	23.10		32.10
5/7	1545	Return to Sacramento						314.20	A	,	12.00	6.60		320.80
<u>- 1115</u> -												0.00		0.00
Y a												0.00		0.00
. 14								4				0,00		0.00
												0.00		0.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
														10,000
(13)		SUBTOTALS										0.00		0.00
			0.00	0.00	0.00	0.00	0.00	314.20		9.00	54.00	29.70	0.00	352.90
COL	.UMN C	CODE (ACCTG. USE ONLY)												
	C	CLAIM TOTAL												\$352,90
(14) PUF	RPOSE O	F TRIP, REMARKS AND DETAILS (Atta	ch receipts/vo	uchers when	required)						AG	ENCY ACC	OUNTING (	OFFICE
		ny Governor Arnold Schwa											ONLY	
fires.	Last n	ninute schedule changes ne	cessitated	that Dr.	Tharratt	purchas	se his tick	et using	his per	rsonal	PAID BY	REVOLVING	FUND CHEC	CK NUMBER
crean receip		Dr. Tharratt drove from Lo	s Angele	s to Sant	a Barbar	a; he wa	s unable	to obtain	a rent	al car				
	usea, and	Y CERTIFY That the above is a true stated if mileage rates exceed the minimum rations 0750, 0751, 0752, 0753 and 0754 p	ate. I certity th	at the cost of	t operating th	e vehicle wa	cordance with as equal to or	DPA rules ir greater than	the serv	ice of the State o laimed, and that I	f Californi have me	a. If a private t the requirem	ly owned veh	icle was cribed by
CLAIMA	NT'S SIGI			DATE		(16) SIC	NATURE OF	OFFICER AI	PPROVIN	G TRAVEL AND	PAYMEN	T DẠT	E	
(17) SDE	CIAL EX	PENCE AUTHODIZATION SIGNATURE		13/1	405	B							-	
(17) SPE	CIAL EXI	PENSE AUTHORIZATION - SIGNATURE	and ITTLE (	See Item 17	on reverse)							DAT	E	

TRA		FORNIA - DEPARTMENT OF PERSO EXPENSE CLAIM	NNEL ADMINI	STRATION			ns and *Pr				Page	of	Pa	ges
	NT'S NA						SSN or EMP	LOYEE NUM	BER*			RTMENT		900
		Tharratt, MD, MPVM									Exec	utive Div	vision	
POSITI				CB/ID	No.		DIVISION or						INDEX NU	JMBER
Dire							Emergen	-		vices Autho	rity		TEI EBUO	NE NUMBER
RESIDI	ENCE AD	DRESS *					1930 9th		:55				TELEPHO	INE NOMBER
CITY			STAT	E ZIP C	ODE		CITY					STATE	ZIP (	CODE
El D	orado	Hills	CA	956	72		Sacramei	nto				CA	9581	1
(1) NOF	MAL WO	RK HOURS					(2) PRIVATE \	EHICLE LICE	ENSE NU	MBER	(3) MIL 0.55	EAGE RATE	CLAIMED	
(4) MON	TH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)
MA	/2009	LOCATION WHERE EXPENSES		BREAK-		O.T., L/1 N/C, REL		(A) COST OF	(B)	(C)	DDIVA	(D) TE CAR USE	BUSINESS	TOTAL EXPENSES
(5)	TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	TYPE	CARFARE, TOLLS, PARKING	MILES		EXPENSE	FOR DAY
5/8	0800	Sacramento to Burbank		,		J. J			PUPC	9.00	12.00			15.60
5/8	2135	Return to El Dorado Hills							PC	42.00	12.00	6.60		48.60
	•							154.60	A			0.00		154.60
Ź	,											0.00		0.00
***************************************												0.00	1	0.00
Na. La Caracteria de Caracteri												0.00		0.00
	,					,						0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
*												0.00		0.00
												0.00		0.00
(13)	;	SUBTOTALS	0.00	0.00	0.00	0.0	00.00	154.60		51.00	24.00	13.20	0.00	218.80
CO	_UMN	CODE (ACCTG. USE ONLY)	.1											
		CLAIM TOTAL												\$218.80
		OF TRIP, REMARKS AND DETAILS (At									AG	ENCY ACC		OFFICE
Breal	cing A	any Governor Arnold Schv nnouncement Press Confe his ticket using his person	rence. La	st minute							PAID B	Y REVOLVIN	E ONLY G FUND CHE	ECK NUMBER
purei	lasing	ms ticket using ms persona	ar credit c	11 <b>u</b> .										
115)											<u></u>			
(15)	used, an	BY CERTIFY That the above is a true s	rate. I certify t	hat the cost c	of operating th	ne vehicle v	accordance wit was equal to o	h DPA rules i greater than	n the ser the rate	vice of the State of claimed, and that	of Californ I have me	ia. If a privatet the requirer	tely owned ve ments as pres	ehicle was scribed by
CLAIMA		ctions 0750, 0751, 0752, 0753 and 0754	pertaining to v	ehicle safety DATE	and seat belt		SIGNATURE O	F OFFICER A	PPROVI	NG TRAVEL AND	PAYMEN	IT DA	TE	
Ø		Al III	-	51	(12/1)	4/2								
	ECIAL EX	(PENSE AUTHORIZATION - SIGNATU	RE and TITLE	(See Item 17	on reverse)	11 3						DA	TE	

Ø

	VEL 1 32 (REV. 1	EXPENSE CLAIM 9/2007)					ns and *Pri Reverse \$				Page	of	Pa	ges
	NT'S NA						SSN or EMP	LOYEE NUM	BER*		DEPA	RTMENT	Property Advantage	
R. S		Tharratt, MD, MPVM		CB/ID	Na		DIVIGION	DUDEAL			Exec	utive Div	rision Tindex nu	11.000
Dire				CB/ID	NO.	1	DIVISION or Emergen		al Sen	vices Autho	rity		INDEX NO	MBEK
		DRESS *					HEADQUAR'			VICOS TIGUIC	1111		TELEPHO	NE NUMBER
							1930 9th	Street					(916) 3	22-4336
CITY	,	77'11	STAT	ZIP C	ODE		CITY					STATE		CODE
	orado		CA				Sacramer				T	CA	9581	1
		RK HOURS	1				(2) PRIVATE V	EHICLE LICI	ENSE NUI	MBER	0.55	EAGE RATE	CLAIMED	
	TH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)
MA	Y 09	WHERE EXPENSES WERE INCURRED		BREAK-		0.T., L/I N/C, REL		(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVAT	(D) E CAR USE	BUSINESS	TOTAL EXPENSE
(5) DATE	TIME	·	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY
5/13	0800	El Dorado Hills to Palm Spgs	152.48	6.00	10.00	18.0	00		PC/ RC	9.00	42.00	23.10		218.58
5/14	1330	Return to Sacramento		6.00	12.00		6.00		PC	9.00	12.00	6.60		39.60
		. ,								· · · · · · · · · · · · · · · · · · ·		0.00	,	0.00
												0.00		0.00
				,								0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
	_											0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)	\$	SUBTOTALS	152.48	12.00	22.00	18.0	0 6.00	0.00		18.00	54.00	29.70	0.00	258.18
COI	UMN (	CODE (ACCTG. USE ONLY)												
	(	CLAIM TOTAL												\$258.18
(14) PU	RPOSE C	F TRIP, REMARKS AND DETAILS (Atta	ach receipts/vo	uchers when	required)						AG	ENCY ACC	OUNTING	OFFICE
Dr. S	teve T	harratt attended the confere	ence and o	lelivered	opening	remark	s on Thur	sday, Ma	y 14 @	0 8:45 a.		US	E ONLY	
m.											PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER
1														
(13)	I HEREB	OY CERTIFY That the above is a true st d if mileage rates exceed the minimum ctions 0750, 0751, 0752, 0753 and 0754	atement of the	travel expen	nses incurred	by me in a	accordance with	DPA rules i	n the serv	rice of the State of	of Californ	ia. If a privat	ely owned ve	hicle was
		ctions 0750, 0751, 0752, 0753 and 0754	partaining to v	ehicle safety	and seat/belt					IG TRAVEL AND				,
	NT'S SIG													
	NT'S SIG	12 A		2/	Klac	29	SIGNATURE OF	OFFICERA	i ricovii	IG TRAVEL AND	PATIVIEN	1   0	IE	

SOURCE   S	TRA	VEL	FORNIA - DEPARTMENT OF PERSON  EXPENSE CLAIM  9/2007)	NNEL ADMINI	STRATION			ns and *Pr							
EMSA										BER*		Page		Ра	iges
DEFECTION   DEFE								CONTOR ENT	LOTEL NOW	DEI\					
RESIDENCE ALORSES     READ ALORSES     TELEPHONE MUST   TO 322-43   TO 322-4					CB/ID	No.		DIVISION or	BUREAU					INDEX N	UMBER
1930 9th Street						- *.			-		vices Author	ority			
### STATE 2P OODE CLD   STATE 2P OOD	RESIDE	NCE AD	DRESS *							ESS				1	
El Dorado Hills  CA 95672  Sacramento  CA 95811    One   One	CITY			CTAT	T 710.0	ODE			Street		,				
O   O   PRIVATE VEHICLE LICENSE NUMBER   O   MEAS   O   O   O   O   O   O   O   O   O		orado	Hills						nto						
10   10   10   10   10   10   10   10										ENGE NII	IMBED	(3) MII			
MAY 09   WHERE COPINESS   WERE INCURRED   LOOGING   FAST   LUNCH   ON OR OF TAKE   PROVIDED   MUSE	(1)11011	MAL TTO	THE THE STATE OF T					(2) PRIVATE Y	PERIOLE LICI	ENSE NC	INDER			CLAIMED	
### PART TO WHERE PROPERSED WEEK INCHRED LODGING PROFIT LUNCH OF PAST LU	(4) MON	TH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)
DATE   TIME   TIME   LOOGING   FAST   LUNCH   ON   TALS   TRANS   USED   TOLISS   MULES   AMOUNT   EXPENSE   FOR I STAND   CONTROL   C	MA	Y 09	WHERE EXPENSES									Т	(D)	-	TOTAL
DANE   DONNER   PARKING MILES   AMOUNT	(5)		WERE INCURRED	LODGING		LUNCH	OR	TALS	COST OF			PRIVA	TE CAR USE		
Solution	DATE	TIME					DINNER	₹		m/	PARKING	MILES	AMOUNT		
PC 9,00 12,00 6,60 15  15  16  10  10  10  10  10  10  10  10  10	5/20		El Dorado Hills to Sac Airport		6.00	10.00			65.00	4	2.50	42.00	23.10		106.60
3) SUBTOTALS 0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.0	5./20	1455	Return to Sac							PC	9.00	12.00	6.60		15.60
SUBTOTALS  0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.00													0.00	/	0.00
3) SUBTOTALS 0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.00							,						0.00		0.00
3) SUBTOTALS 0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.00		,											0.00		0.00
SUBTOTALS  0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.00													0.00		0.00
33 SUBTOTALS 0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.0	,												0.00		0.00
SUBTOTALS  0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.00						,							0.00		0.00
SUBTOTALS  0.00 6.00 10.00 0.00 0.00 0.00 0.00 0.00															0.00
SUBTOTALS  0.00 6.00 10.00 0.00 65.00 11.50 54.00 29.70 0.00 122  COLUMN CODE (ACCTG. USE ONLY)  CLAIM TOTAL  \$122  PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receiptstvouchers when required)  To. Steve Tharratt, delivered the welcome and opening remarks (5/20) at the Medical Reserve Corps conference "Enhancing and Assisting MRC Development Statewide" in Redondo Beach, CA.  AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMB  To Steve Tharratt, delivered the migrature given to the state of california. If a privately owned vehicle was sequel to or greater than the rate claimed, and that I have met the requirements as prescribed by sAM Sections 0750, 0751, 0752, 0753-mid 1254 perialining to vehicle easier by and year to adjust an adjustable.  Almant's Stight State  DATE  (I) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE  DATE  (I) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE  DATE  (I) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE											1				
SUBTOTALS  0.00 6.00 10.00 0.00 65.00 11.50 54.00 29.70 0.00 122  COLUMN CODE (ACCTG. USE ONLY)  CLAIM TOTAL  S122  4) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  To Steve Tharratt, delivered the welcome and opening remarks (5/20) at the Medical Reserve Corps  Conference "Enhancing and Assisting MRC Development Statewide" in Redondo Beach, CA.  AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUM  To PAID BY REVOLVING FUND CHECK NUM  DATE  DATE  To SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Nem 17 on reverse)  DATE  DATE													1.7		0.00
SUBTOTALS  0.00 6.00 10.00 0.00 0.00 65.00 11.50 54.00 29.70 0.00 122  COLUMN CODE (ACCTG. USE ONLY)  CLAIM TOTAL  \$122  PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  To. Steve Tharratt, delivered the welcome and opening remarks (5/20) at the Medical Reserve Corps  Conference "Enhancing and Assisting MRC Development Statewide" in Redondo Beach, CA.  AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUM  To privately owned vehicle was used, and if mileage rates exceed the minimum-rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by  SAM Sections 0790, 0793, 0													0.00		0.00
SUBTOTALS  0.00 6.00 10.00 0.00 65.00 11.50 54.00 29.70 0.00 122  COLUMN CODE (ACCTG. USE ONLY)  CLAIM TOTAL  S122  4) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  To. Steve Tharratt, delivered the welcome and opening remarks (5/20) at the Medical Reserve Corps conference "Enhancing and Assisting MRC Development Statewide" in Redondo Beach, CA.  AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUM  Thereby Certify That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the military and the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 07/30, 073, 073, 073, 073, 073, 073, 073, 0	10)												0.00		0.00
### CLAIM TOTAL  ### OPPROSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### OPPROSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### OPPROSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### OPPROSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### OPPROSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### OPPROSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER  ### OPPROVED TO THE STATE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### OPPROSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  ### AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER OF TO THE STATE OF THE STATE O	13)	\$	SUBTOTALS	0.00	6.00	10.00	0.0	0.00	65.00		11.50	54.00	29.70	0.00	122.20
AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMB  The part of the service of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0753, 0752, 0753, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0754, 0755,	COL	UMN (	CODE (ACCTG. USE ONLY)												
Dr. Steve Tharratt, delivered the welcome and opening remarks (5/20) at the Medical Reserve Corps conference "Enhancing and Assisting MRC Development Statewide" in Redondo Beach, CA.    PAID BY REVOLVING FUND CHECK NUMBERS			CLAIM TOTAL												\$122.20
Onference "Enhancing and Assisting MRC Development Statewide" in Redondo Beach, CA.  PAID BY REVOLVING FUND CHECK NUMBER  The part of the state of California. If a privately owned vehicle was used, and if mileage rates exceed the minipum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0731, 0752, 0753 and 0754 pertaining to vehicle safety and seat beliusage.  Almant's signature of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0753, 0752, 0753 and 0754 pertaining to vehicle safety and seat beliusage.  Almant's signature of Officer approving travel and Payment Date  On the part of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat beliusage.  Almant's signature of Officer approving travel and Payment Date  On the part of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0752, 0753 and 0754 pertaining to vehicle safety and seat beliusage.  Almant's signature of the State of California. If a privately owned vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0752, 0753 and 0754 pertaining to vehicle safety and seat beliusage.  DATE  DATE  DATE  DATE	(14) PUF	POSE O	F TRIP, REMARKS AND DETAILS (Atta	ch receipts/vo	uchers when	required)					***	AG			OFFICE
I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum-rele, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0753, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.  AIMANT'S-GIOVERE  DATE  (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  DATE  7) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)											rps	PAID B			CK NUMBE
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